

DECLARATION FOR PATENT APPLICATION

Docket Number: 8020/002

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "COMPOSITIONS INCLUDING CHELATED 8-HYDROXYQUINOLINE AND THERAPEUTIC MEDICINAL USES THEREOF "

the specification of which is attached hereto unless the following is checked:

___ was filed on ___ as United States Application Number ___ or PCT International Application Number ___ and was amended on ___ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

___ (Number) ___	___ (Country) ___	___ (Day/Month/Year Filed) ___	___ Yes ___ No
___ (Number) ___	___ (Country) ___	___ (Day/Month/Year Filed) ___	___ Yes ___ No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

___ (Application Number) ___	___ (Filing Date) ___	___ (Status - patented, pending, abandoned) ___
___ (Application Number) ___	___ (Filing Date) ___	___ (Status - patented, pending, abandoned) ___

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith: Donald M. Duft 17,484; James M. Graziano 28,300; Carl A. Forest 28,494; Mark A. Guetlich 38,900; Dan Cleveland, Jr. 36,106; Michael J. Setter 37,936; William P. Wilbar P43,265; and Steven W. Weinrieb 26,520. Address all telephone calls to Dan Cleveland, Jr., at Telephone No. (303) 449-9497 and address all correspondence to Dan Cleveland, Jr., DUFT, GRAZIANO & FOREST, P.C., 1790 - 30th Street, Suite 140, Boulder, Colorado 80301-1018.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor, if any (given name, family name) Russel T. Jordan, M.D.
Inventor's signature _____ Date _____
Residence Fort Collins, Colorado Citizenship U.S.
Post Office Address 1809 Indian Meadows Lane, Fort Collins, Colorado 80525

Full name of second joint inventor, if any (given name, family name) Carl C. Hanson, RPH
Inventor's signature _____ Date _____
Residence Parker, Colorado Citizenship U.S.
Post Office Address 4825 Daley Circle, Parker, Colorado 80138

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Full name of twelfth joint inventor, if any (given name, family name) _____
 Inventor's signature _____ Date _____
 Residence _____ Citizenship _____
 Post Office Address _____

(2/92 PTO)

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**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c)) -- SMALL BUSINESS CONCERN**

Docket Number: 8020/002

Applicant or Patentee: Jordan, M.D., et al.

Serial or Patent Number: Not yet known

Filed or Issued: Herewith

Title: CHELATED 8-HYDROXYQUINOLINE AND USE THEROF IN A METHOD OF TREATING
EPITHELIAL LESIONS

I hereby declare that I am

 the owner of the small business concern identified below:

 X an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Dermex Pharmaceuticals, L.L.C.

ADDRESS 7374 Inspiration Drive, Parker, Colorado 80138

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that the rights under the contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

 the specification filed herewith with title as listed above.

 X the application identified above.

 the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

 X No such person, concern or organization exists.

 Each such person, concern or organization is listed below:

FULL NAME: _____

ADDRESS: _____

☐ INDIVIDUAL

☐ SMALL BUS. CONCERN

☐ PROFIT ORGANIZATION

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Frank S. Potestio, M.D.

TITLE OF PERSON IF OTHER THAN OWNER Member of L.L.C.

ADDRESS OF PERSON SIGNING 7374 Inspiration Drive, Parker, Colorado 80138

SIGNATURE _____

DATE _____